

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90053 006 ***150.00

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FP

DOCUMENT # P00000065328

1. Entity Name
MYSTICAL LOCATIONS, INC.



Principal Place of Business
4681 WC 48
BUSHNELL FL 33513

Mailing Address
4681 WC 48
BUSHNELL FL 33513

11006695



2. Principal Place of Business

3. Mailing Address

4541 WC 48
Suite, Apt. #, etc.

4541 WC 48
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Bushnell FL
Zip Country
33513 US

City & State
Bushnell FL
Zip Country
33513 US

4. FEI Number 59-3667414

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVES, DANA
4681 WC 48
BUSHNELL FL 33513

Name
Dana Ives
Street Address (P.O. Box Number is Not Acceptable)
4541 WC 48
City Bushnell FL Zip Code 33513

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dana Ives
Signature, typed or printed name of registered agent and title if applicable.

Dana Ives
(NOTE: Registered Agent signature required when reinstating)

4/1/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	IVES, DANA	
STREET ADDRESS	4681 WC 48	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IVES, DEANNA	
STREET ADDRESS	4681 WC 48	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	S	<input type="checkbox"/> Delete
NAME	IVES, D. RENEE	
STREET ADDRESS	4681 WC 48	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4541 WC 48
CITY-ST-ZIP	Bushnell FL 33513
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4541 WC 48
CITY-ST-ZIP	Bushnell FL 33513
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dana Ives
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 352 266 0187
Date Daytime Phone #

CR2E034 (10/02)